



# Fort Smith National Historic Site Application for Waiver of Fees



Please return this form at least 2 weeks prior to scheduled tour date. Send to:  
Fort Smith National Historic Site  
P.O. Box 1406  
Fort Smith, AR 72902

Date of Tour: \_\_\_\_\_

Name of Educational Institution sponsoring tour: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School phone number: \_\_\_\_\_ Official in charge of group: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adult Sponsors: \_\_\_\_\_

*It is suggested that school groups have at least one adult for every ten students.*

Please state the specific educational objectives you hope to accomplish by visiting Fort Smith National Historic Site:

**Certification:**

I hereby certify that the above organization is officially recognized as a bona fide educational or scientific institution by a Federal, State, or local government body and that the facts provided herein are true and accurate to the best of my knowledge and are submitted for the explicit purpose of obtaining a waiver of fees. ***I accept responsibility for the proper behavior of this group.***

\_\_\_\_\_  
Signature of Applicant Date

**For Official Use Only:**

Fee waiver of entrance fee (circle one):      Approved      Disapproved

\_\_\_\_\_  
Signature of Superintendent Date